



# Credit Card Authorization Form

Please complete the information below and fax to 660-827-1323  
or mail to:

P.O. Box 1385  
Sedalia, MO 65302

PAINT AND FLOORING CENTERS

Account #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Card:     Visa         MasterCard         Discover         Debit         Synchrony

Print name as it appears on card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

I authorize Dugan's to use this card as an ongoing charge in accordance with their credit application and terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name